

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		19	222 00
FORMALITY REVIEW	AN	5C 111	
RESPONSE FORMALITY REVIEW			10-18-CW

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	U	U	01/24/85
2	U	U	
3	X	X	
4	N	N	
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13	N	N	
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15	N	N	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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